

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31351

State File No.

FILED OCT 11 1947
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4111

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 16 Days
In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1030 Jefferson 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANK J. MONTAGUE

3. (b) If veteran, name war no 3. (c) Social Security No. 495-03-9400

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Rose Montague 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 25 hr. min.

9. Birthplace St. Mary's Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Southern Mansion

12. Name Bernard Montague

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ann Supples

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Montague

(b) Address 1030 Jefferson

17. (a) Removal St. Mary's Kansas (b) Date thereof Sept. 29, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Kansas

18. (a) Signature of funeral director Quirk + Gobin

(b) Address 20 W. Linwood

19. (a) 9-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1947 hour 11 minute 02 AM.

21. I hereby certify that I attended the deceased from 9-8
1947, to 9-26 1947
that I last saw him alive on 9-26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma
Due to Primary carcinoma of liver

Other conditions (Include pregnancy within months of death)
Major findings: Of operations same
Of autopsy same

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

47 Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Frank J. Montague (Date signed) 9/29/47
Address 1030 Jefferson

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

